

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10657670</u>	FILING DATE <u>09-08-03</u>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	<del>X</del>			
2	/						52	<del>X</del>			
3	/						53	<del>X</del>			
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11	/						61				
12	/						62				
13	/						63				
14	/						64				
15	/						65				
16	/						66				
17	/						67				
18	/						68				
19	/						69				
20	/						70				
21	/						71				
22	/						72				
23	/						73				
24	/						74				
25	/						75				
26	/						76				
27	/						77				
28	/						78				
29	/						79				
30	/						80				
31	/						81				
32	/						82				
33	/						83				
34	/						84				
35	/						85				
36	/						86				
37	/						87				
38	/						88				
39	/						89				
40	/						90				
41	/						91				
42	/						92				
43	/						93				
44	/						94				
45	/						95				
46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
TOTAL IND.							TOTAL IND.	3			
TOTAL DEP.							TOTAL DEP.	13			
TOTAL CLAIMS							TOTAL CLAIMS	16			